



PATIENT PRESENTING CLINICAL SIGNS

Riley Wassell Follow up echo from 2/19/25.

SPECIES Current meds: Methylprednisolone 8mg EOD, Biotin 10000ug BUD, Pentoxifylline 400mg BID, Niacinamide 100mg BID, Omega snip tips 2 BID

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Rhodesian Ridgeback

SEX

Male (neutered)

AGE

10 years

WEIGHT

95 lbs.

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP
 (Canine and Feline)

IMAGING PERFORMED BY

Meghan Morse, LVT,
 CVT

HOSPITAL NAME

Rondout Valley
 Veterinary Associates

REFERRING VET

Dr. Laux

INVOICE

10403

DATE

12/3/25

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT				1.2	37	67	0.3
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD LA MAX4 Chamber	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	NM	1.4	0.9		4.2	4.6	

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 32 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented mild thickening consistent with mild degenerative changes / endocardiosis. There is no evidence of valvular prolapse. Mild MR was noted on Doppler. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of cardiac / pericardial tumors was visible.



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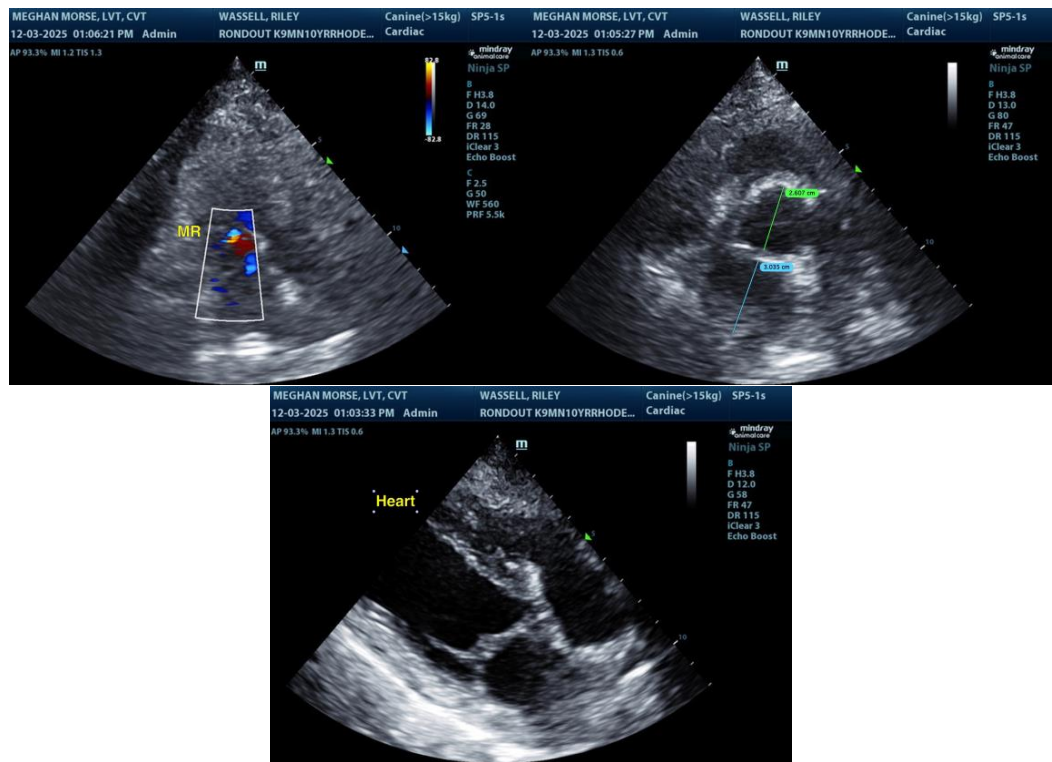
ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (B1)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall static cardiac presentation compared to the previous study. The lack of cardiac chamber enlargement indicates that the current and future risk of complications is low. There is no indication for cardiac medications. No contraindication to steroid administration. Conservative monitoring going forward is advised with a recheck echocardiogram suggested in 6-12 months, sooner if clinically indicated. There are no anesthetic contraindications if anesthesia is required.

Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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